

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO. **097830871**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		2				
6		2				
7		2				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		2				
15						
16					1	
17						1
18					1	
19						1
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TOTAL IND.	2		1		6	
TOTAL DEP.		18				17
TOTAL CLAIMS	20		1		18	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy